

sent 6/29

COUNTY OF SAN DIEGO  
VOLUNTEER REPORT FORM  
PERIOD JULY 1, 2004 - JUNE 30, 2005

1. DEPARTMENT/COURT INFORMATION:

Department/Court: HHSA/AMH: North Central Mental Health Center

Division/Unit: HHSA/AMH

2. VOLUNTEER PROGRAM BENEFITS:

- a. GENERAL VOLUNTEERS (this section should include community volunteer, student intern, groups, corporations, etc.)

No. Vol.	<u>1</u>	Hours	<u>140</u>	x	<u>\$17.55</u>	=	<u>\$2457</u>
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Types of work performed by GENERAL VOLUNTEERS in this category:

Mental Health out-patient clinic work with adults.

- b. INSTITUTIONAL VOLUNTEERS (this section should include court referrals, honor camp inmates, PIC/RETC, GAIN, etc.)

No. Vol.	<u>        </u>	Hours	<u>        </u>	x	<u>\$17.55</u>	=	<u>        </u>
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Types of work performed by INSTITUTIONAL VOLUNTEERS in this category:

- c. SPECIALIZED VOLUNTEERS (this section should include utilization of Special Volunteers in positions requiring specific skills and/or expertise levels, for example, an attorney, physician, sports figure or celebrity). These specialized positions have verifiable compensation levels (VCL). If you have such a volunteer, please indicate the position, hours and compensation level below.

<u>Position</u>	<u>Hours</u>	x	<u>VCL</u>	=	<u>Dollar Benefit</u>
<u>        </u>	<u>        </u>	x	<u>        </u>	=	<u>\$</u>

No. Vol	<u>        </u>	Total Hours	<u>        </u>	Total Value	<u>\$</u>
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Types of work performed by SPECIALIZED VOLUNTEERS in this category:

d. TOTALS OF DEPARTMENT VOLUNTEERS (from above):

<u>No. of Volunteers</u>	<u>Hours</u>	<u>Dollar</u>	<u>Benefit</u>
2a: <u>1</u>	<u>140</u>	\$	<u>2457</u>
2b: _____	_____	\$	
2c: _____	_____	\$	

TOTALS: _____ \$
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3. DONATIONS TO VOLUNTEER PROGRAM:

Please list all donations to the department's Volunteer Program including monetary donations and tangible/intangible items. Items such as computers, air time, transportation, books, etc. Please assign a fair market value to each and add to the total value of the donations section.

<u>Item Donated</u>	<u>Value</u>	<u>Item Donated</u>	<u>Value</u>
<u>None</u>	\$ <u>0.00</u>	_____	\$
_____	\$ _____	_____	\$

TOTAL VALUE \$ <u>0.00</u>
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4. VOLUNTEER PROGRAM COSTS:

- a. Cost of direct supervision of volunteers (total hours of direct supervision times hourly rate of staff person(s) directly supervising program volunteers.

Hours 7 x Rate \$ 32.45 = \$ 227.15

- b. Cost of program coordination (total hours of program coordination times hourly rate of coordinator(s)). This section should include coordination of staff, compiling statistics, job description preparation, volunteer placements and recognition, etc.

Hours 4 x Rate \$ 33.71 = \$ 134.84

- c. Other program costs (volunteer training materials/supplies, recognition costs, etc.):

None \$ 0.00 Cost  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

TOTAL OF OTHER PROGRAM COSTS

=

\$ 0.00

- d. TOTAL OF VOLUNTEER PROGRAM COST =  
(add 4a, 4b, and 4c)

\$ 361.99

**5. NET BENEFIT TO DEPARTMENT FROM VOLUNTEER PROGRAM:**

a. Total Dollar Benefits of Volunteers, Item 2d (Page 2) \$ 2457.00

b. Total of Donations to Volunteer Program, Item 3 (Page 2) \$ 0.00

ADD a + b \$ 2457.00

c. Subtract Total of Volunteer Program Costs, Item 4d (Page 3) (\$ 361.99)

TOTAL PROGRAM BENEFIT \$2095.01

6. **RECRUITING:**

Please describe your recruiting programs:

We go to intern placement fairs and meetings at universities that have students needing Intern experiences in mental health.

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7. **SPECIAL VOLUNTEER PROGRAM ACTIVITIES/ACHIEVEMENTS:**

Please describe any special activities and/or achievements your program was involved in during the period of this report:

National Depression Screening Day; Staffing the Winter Shelter one evening a week for for 3-Months; and County Emergency Response Training.

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8. **VOLUNTEER PROGRAM GOALS FOR FISCAL YEAR 2005-06:**

Please describe your program goals. Include activities, number of volunteers, recruitment, training, recognition and other goals:

We have had our intern for just 7 weeks, since May 18, 2005. We plan to Increase from one to six intern/volunteers, 3 master level students, and 3 Ph.D. Psychology candidates, all 20 hours a Week.

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9. **GENERAL INFORMATION:**

Name of Person Completing Report: Carter C. Gardner Ph.D., M.H. Program Manager

Phone Number: (619) 692-8739 Mail Stop: P542 E-Mail: Cartger.Gardner@sdcounty.ca.gov

Volunteer Coordinator:

Phone Number: Charlie Hoar Ph.D. Mail Stop: P542 E-Mail: Charlie.Hoar@sdcounty.ca.gov

10. **DEPARTMENT CERTIFICATION:**

  
\_\_\_\_\_  
DEPARTMENT HEAD SIGNATURE

6-26-05  
\_\_\_\_\_  
DATE